

Georgia Department of Human Resources Division of Aging Services Requirements for Non-Medicaid Home and Community Based Services

Section 300

Individual Service Requirements

§314 Home Modification and Repair Services

June 2002

§314.1 Purpose.

This chapter establishes the requirements to be followed when area agencies on aging contract for or provide modification and repair services designed to upgrade the condition of the older person's residence to improve its energy efficiency, structural integrity, and health conditions and safety of the environment. These services shall be known as Home Modification and Repair services.

§314.2 Scope and Definitions.

These requirements apply to residential repair and modification services funded in whole or in part with non-Medicaid federal and state¹ funds provided to and managed by the area agencies on aging, and any associated matching funds. Modifications may include the installation of adaptive and assistive devices and structural alterations to improve accessibility and mobility both within and outside the residence. Repair services are designed to reduce or remove structural or environmental hazards by returning the dwelling to as safe a condition as possible, allowing the resident to continue living in the community. Funds may be used to purchase/provide equipment, supplies, materials, transportation, and labor.

§314.3 Target Group and Client Eligibility

Persons 60 years of age or older with greatest economic and social need, including but not limited to low income, minority, living alone, frail and/or disabled. When the AAA provides or contracts for case management for non-Medicaid funded services, special consideration shall be given to those persons identified through case management, including clients receiving adult daycare, homemaker, home health, respite care and personal care services.

§314.4 Access to Services.

Clients or their representatives may request services through the Area Agency on Aging, or may be referred to the Area Agency by other social service agencies, community organizations, businesses and/or health care providers. The AAA shall assess the needs of applicants for modification/repair services, obtaining basic information about the type service requested. Screening staff will use the DON-R to assess functional impairment levels, which indicate the need for modifications/repairs. Depending on the availability of resources, the AAA will initiate services, refer the applicant to a qualified provider or other resource, or place the applicant on a waiting list.²

¹ Eligible fund sources are Older Americans Act, Title III-B and Title III-E (supplemental services); Social Services Block Grant; Community Based Services Program.

² The Area Agency is responsible for providing notice to applicants of the disposition of their requests for service. Subcontractors are responsible for providing notice of service status to persons once they have been referred for service and a case manager or provider staff has conducted the face-to-face assessment. Suggested forms have been provided to Area Agencies under separate cover.

§314.5 Provider Qualifications

Commercial concerns which contract with AAAs to provide modification and/or repair services shall meet all professional standards, including licensure and certification (if applicable according to state/county/municipal codes) or any state training requirements. AAAs also may establish contracts/working agreements with individuals or other organizations, such as community and social service agencies, area technical schools, which demonstrate expertise in providing modification and repair services, using either paid or volunteer staff, or both, or who agree to act as an intermediary for developing working agreements with commercial concerns. Qualified providers may include:

- Licensed (if applicable)/certified housing contractors;
- Licensed plumbers;
- Licensed electricians;
- Licensed architects;
- Rehabilitation engineers;
- Licensed physicians; nurses; Occupational, Speech or Physical Therapists; Audiologists;
- Home health care and medical equipment suppliers/retailers;
- Volunteers with experience in and credentials for performing licensed work;
- Students working under the supervision of qualified instructors or supervisors;
- Other individuals, including volunteers, with skills and abilities necessary to perform general unlicensed repair work;
- Banks, attorneys, or other reputable providers of financial and legal services (for counseling).

§314.6 Service Outcomes.

- (a) Older persons' homes shall receive those repairs and/or modifications which are essential to the health and safety of the residents and which help to maintain them independently in their homes.
- (b) Repairs and modifications shall be of quality workmanship and provided in accordance with state and local building codes, at costs which are usual and reasonable for the type of work performed, based on the economic conditions in each planning and service area.
- (c) Repairs and modifications are provided at reasonable costs to the program, and paid for with program resources only when there are no other public or private resources available to pay the cost of the materials, equipment, supplies, and labor.³
- (d) Workmanship will be warranted for at least 90 days from the date of completion of structural repairs, modifications, or installations;
- (e) Whenever possible, adaptive equipment and modifications are planned and installed in such a manner that they may be recycled and made available to other clients, when no longer needed in the residence of original installation.

§314.7 Service Activities.

Allowable repairs and modifications are as follows.

- (a) Structural. This includes any repairs to the structure itself considered necessary to the health and safety of the client. Examples are repairs to the ceiling, walls, floors, doors and windows.
- (b) Accessibility modification. This includes structural adaptations which meet the needs of older persons who have disabling conditions. Examples are installation of a chair lift or ramp; modifying thresholds; installing zero-step doorways; modifying appliance and electrical controls for easier manipulation; widening and installation of shower stalls, doorways; repair and replacement of and/or installation of grab bars and/or handrails.
- (b) Electrical. This includes replacement of unsafe or defective wiring; replacement of telephone conduits to permit the installation of an emergency response unit; repair or replacement of essential appliances and replacement of light switches. Essential appliances are defined as those appliances necessary to sustain a healthful environment such as refrigeration, clothes washing and drying, heating, cooking and cooling.
- (d) Plumbing. This includes replacement, repair and/or installation of essential plumbing lines or fixtures such as bathtub, shower, kitchen and bathroom sinks, toilet, water heater, septic tanks, drain field, or well.
- (e) Weatherization.⁴ This includes repairs and/or modifications or purchase of supplies that protect the home or its resident(s) from the effects of the weather, conserve energy or provide alternative energy sources to heat or cool a dwelling. Examples are providing and installing storm windows, insulation, servicing heating systems, roof repair and maintenance and installation of mobile home skirts.
- (f) Safety and security modification. These include measures which prevent accidents, fires or intrusion into a dwelling. Examples are installation of a secure door and window locks, addition of exterior flood lights or lights along access walls and installation of smoke detectors, fire escapes, emergency response or alarm systems.
- (g) Housing Counseling. This includes provision of advice or printed material provided to older homeowners to assist them in improving or financing their homes, dealing with financial matters related to housing and dealing with landlords, housing authorities, and utility companies, and avoiding fraudulent or exploitive repair schemes.

⁴ In areas in which other weatherization programs are offered, the AAA/provider shall establish working relationships with such

- (h) Home and Exterior Maintenance.⁵ These can include tasks that an individual can no longer perform and which help maintain the health and safety of the client. Some examples are the repair or removal of safety hazards in the yard such as faulty septic tanks, drain fields, open wells, faulty utility lines, replacement of window panes.

§314.8 Repair of Rental Property.

Residential repair/modification services on rental property/units are not allowed without prior approval by the Area Agency on Aging or its designee. The Area Agency or service provider must verify that needed repairs or modifications to rental property are not the responsibility of the owner, landlord, management company or housing authority prior to authorizing the work to be done by referring to a provider. If work is performed on rental units, the residential repair service provider shall obtain a signed agreement from the landlord, or other entity controlling the property, authorizing the repairs and/or modifications and stating that the tenant will not be evicted within one year of the completion of the repairs and/or modifications without substantial cause, and that the rent will not be raised due to the increased value of the unit as a result of the repairs and/or modifications.

§314.9 Non-Allowed Services

Non-reimbursable activities include the following:

- (a) major repairs of houses and/or furnishing such as replacement of a roof, floor and foundation;
- (b) construction, repair or maintenance of outbuildings such as garages⁶, carports, animal shelters or greenhouses;
- (c) installation, repair or maintenance on nonessential appliances. Examples are decorative light fixtures or television sets; and
- (d) beautification of property or activities which are strictly for cosmetic purposes such as landscaping, planting a garden, purchase of gardening equipment, complete paint job, ornamental shutters or trim, fancy porch supports, carpeting, patio and/or mending fences unless essential to the client's safety.

§314.10 Administrative Requirements.

The provider agency or individual contractors shall have the necessary legal authority to operate in conformity with federal, state and local law and shall maintain the following documentation:

- (a) Specific information on the number of residences and the cost per residence repaired and/or modified with aging contract fund sources;
- (b) Specific information on coordination activities with other funding sources which resulted in the leveraging of additional funds for residential repair and/or modifications;

⁵ Refer to §312, Chore Services, for additional household and exterior maintenance activities which may be provided through that service.

- (c) Service agreements between the service provider and the recipient of services and the landlord, if applicable, shall be executed. Copies of the service agreement and the area agency's approval, if applicable, shall be maintained and updated for each program year.
- (d) The following activities must be accomplished each program year to certify the delivery of services:
 - (1) The AAA must assure through the intake process that each individual is eligible for the service prior to repairs and modification work beginning;
 - (2) Assessment, case management or provider staff will conduct an on-site evaluation⁷ of the home and develop a written service agreement with the client (or his/her representative), advising of the work to be performed prior to service delivery. All repairs and modifications shall directly relate to reducing environmental hazards and/or increasing the client's ability to continue to live independently, and are made only with the consent of the client or his/her representative;
 - (3) Designated staff will develop and implement a scheduled work plan;
 - (4) All structural modifications, such as the installation of ramps, zero-step entries, widening of doorways, etc. shall conform to minimum ADA standards⁸;
 - (5) After completion, the client (or representative) will sign an affidavit that the work was performed in a satisfactory manner;
 - (6) The provider shall obtain signed certification of compliance with all appropriate codes for building, plumbing and electrical repair and issue a written warranty of the work performed.
- (d) Documentation of necessary and appropriate liability insurance coverage and bonding for employees who perform work in and around clients' homes.

§314.11 Fiscal Management

Businesses, agencies and individuals providing home modification and repair services shall practice sound and effective fiscal planning and management, financial and administrative recordkeeping and reporting.

⁷ Refer to Appendix 314-A, "Assessing Clients and Their Home Environments for Home Modification and Repair Services" and Appendix 314-B, "Environmental Modification Assessment Form." The use of these assessments is suggested, but not required.

⁸ For structural specifications, see "Uniform Federal Accessibility Standards," (UFAS) at <http://www.access-board.gov/ufas/ufas-html/ufas.htm> and the "Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities" (ADAAG) at <http://www.access-board.gov/adaag/html/adaag.htm> . Also

**§314.12 Program Monitoring and
Quality Assurance**

The Area Agency will make follow-up contacts to recipients of modification and repair services to determine their satisfaction with the work performed and the degree to which their safety and independence is enhanced or improved. The Area Agency also will monitor provider records regarding work performed at least once annually to assure compliance with all applicable codes and regulations. The AAA shall provide written feedback to contractors on the findings and provide any necessary technical assistance for continuous quality improvement where appropriate.

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Appendix 314-A

**Assessing Clients and Their Home Environments for
Home Modification and Repair Services**

Home modification and repair services are those physical adaptations to the home, reflected in an individual's plan of care, which are necessary to ensure his/her health, welfare, and safety, or which enable the person to function with greater independence in the home, and without which, the person may require placement outside the home and community. Such adaptations may include the installation of ramps and grab bars, widening of doorways, modification or bathroom facilities, or installation of specialized plumbing and electrical systems which are necessary to accommodate medical equipment and supplies necessary for the welfare of the person. Following is a guideline for collecting information necessary to assess and plan for repairs and modifications. Some information, such as identification and functional levels will be gathered by the AAA at the time of intake and will be forwarded to the provider agency upon referral. The DON-R is the core screening and assessment instrument for all clients of the non-Medicaid program. However, when it is apparent that home modification and repair services are appropriate for a particular applicant/recipient, assessment or care coordination staff or other health care professionals may use this expanded assessment tool⁹ to gather additional information.

Contact Information

A. Client

Name _____

Address _____

Telephone: _____ Best time to phone: ____ a.m. ____ p.m.

Fax _____ E-mail _____

B. Additional contact person, if necessary

Name: _____

Relationship to client: _____

Telephone: _____ Best time to phone: ____ a.m. ____ p.m.

Fax _____ E-mail _____

C. Person completing assessment.

Name _____

Organization (if applicable) _____

Telephone: _____ Best time to phone: ____ a.m. ____ p.m.

Fax _____ E-mail _____

D, Check all health care professionals currently working with client

☐ Care/Case Manager ☐ Occupational Therapist ☐ Physical Therapist ☐ Social Worker ☐ Other _____

⁹ Adapted from materials developed by Extended Home Living Services, Inc. For additional information, go to the website

Client Information

A. Personal Information

Age: _____ years Height: _____ Weight _____ Gender ☐ M ☐ F

B. Client's medical diagnoses or disabilities

Primary medical diagnosis: _____ Year of onset: _____

Other medical conditions affecting ability to do things in the home _____

C. Mobility Aids used (check all that apply)

☐ Cane(s) Type _____ ☐ Walker Type _____ ☐ Crutches Type _____

☐ Scooter Widest Width: _____ ☐ Manual Wheelchair Widest Width: _____ ☐ Power Wheelchair Widest

Width: _____ Maximum Length _____ Maximum Length _____ Maximum

Length: _____ Seat Height: _____ Seat Height: _____ Seat Height: _____

D. Functional Abilities

1. Circle the number that corresponds to the **client's rating** of difficulty of performing each task without personal assistance.
2. List any **mobility aids** identified in item C (preceding) that the client uses when performing each task.

3. Add any comments that further describe how the client completes each task, including NA if the task does not apply to this client.

Task	Client's Rating				Mobility Aids Used	Comments
	Cannot or Do Not Do	Very Difficult	Difficult	Not Difficult		
Remember people's names.	0	1	2	3		
See a clock on the wall.	0	1	2	3		
Hear the telephone ring.	0	1	2	3		
Get up from a chair and stand.	0	1	2	3		
Walk across a room.	0	1	2	3		
Step up on a curb.	0	1	2	3		
Walk up three steps.	0	1	2	3		
Walk up six steps.	0	1	2	3		
Roll/propel manual wheelchair 5 feet	0	1	2	3		
Roll/ propel manual wheelchair 30 feet.	0	1	2	3		

Problems in the Home

Have the client (or a family member or caregiver if the client is unable) answer all questions for each problem area.

1. Check the box labeled **Problem**, if the client cannot perform the task alone or at all.
2. Check the box labeled **Help** if someone assists the client in completing the task.
3. List any **mobility aids** and assistive devices the client uses to complete tasks.
4. Provide additional **comments** that further describe the client's problems.

Getting in and out of the house				
Tasks	Problem	Help	Devise	Comments
Getting to any entrance from the street, driveway, or sidewalk.				
Going up and down stairs to any entry door.				
Locking or unlocking any entry door.				
Opening or closing any entry door.				
Going over the threshold at any entry door.				
Other (specify):				

Going up and down interior stairs				
Tasks	Problem	Help	Devise	Comments
Using any handrail(s)				
Walking up or down any flight of stairs.				
Other (specify):				

Moving around the house				
Tasks	Problem	Help	Devise	Comments
Opening or closing any interior door.				
Going through any interior doorway.				
Turning into any room from any hallway.				
Turning into any hallway from any room.				
Going down any hallway.				
Moving across any type of flooring material				
Other (specify):				

Using the bathroom				
Tasks	Problem	Help	Device	Comments
Getting close enough to any toilet				
Getting on and off any toilet.				
Reaching or using toilet tissue.				
Flushing any toilet.				
Other (specify):				
Bathing/Showering				
Getting close enough to any bathtub/shower				
Getting in and out of any bathtub/shower				
Sitting down in the bottom of any bathtub				
Getting up from the bottom of any bathtub				
Standing while showering in any bathtub/shower				
Reaching the faucet on/off in any bathtub/shower				
Turning the faucet on/off in any bathtub/shower				
Fear of slipping or falling in any bathtub/shower				
Other (specify)				

Grooming				
Getting close enough to any bathroom sink				
Reaching the faucet in any bathroom sink				
Turning the faucet on/off in any bathroom sink				
Getting items from any cabinet or shelf				
Other (specify):				

Using the bedroom				
Tasks	Problem	Help	Devise	Comments
Getting to the bed				
Getting in and out of bed				
Getting in and out of any chair				
Getting to the closet in the bedroom				
Reaching items in the closet				
Other (specify):				

Using the kitchen

Tasks	Problem	Help	Devise	Comments
Getting close enough to any of the cabinets.				
Taking items out of wall cabinets or off of shelves				
Taking items out of lower cabinets				
Opening drawers				
Using counters or workspaces				
Reaching the kitchen faucet controls				
Getting close enough to the kitchen sink				
Turning kitchen faucet controls on and off				
Using any appliance in the kitchen				
Getting close enough to any appliance				
Opening any appliance				
Getting close enough to any appliance				
Putting items in any appliance				
Taking items out of any appliance				
Other (specify)				

Doing other tasks

[illegible]

Client Goals

4. Problems to be addressed

1. If the client identified any problems within a specific area, enter a check mark next to the problem area in Column 1.
2. For each area selected in Column 1, rate how soon the problems need to be addressed by circling the appropriate response in Column 2.
3. Use column 3 to rank the importance of each problem rated as a 3 (change soon) or a 4 (change now.)

Column 1		Column 2				Column 3
Problem Area		How soon do changes need to be made in each problem area?				Rank Order of Importance
✓		Don't change at any time	Can wait to be changed	Change soon	Change now	
	Getting in and out of the house	1	2	3	4	
	Going up and down interior stairs	1	2	3	4	
	Moving around the house	1	2	3	4	
	Using the bathroom	1	2	3	4	
	Using the bedroom	1	2	3	4	
	Using the kitchen	1	2	3	4	
	Doing other activities	1	2	3	4	

Client ideas and concerns

- A. In the problem areas you want to change soon or now, **what ideas do you have about the changes you would make?**

In and Out	
Interior Stairs	
Around the house	
Bathroom	
Bedroom	
Kitchen	
Other Activities	

- B. In the problem areas you want to change soon or now, **is there anything that should be left alone and not changed?**

In and Out	
Interior Stairs	
Around the house	
Bathroom	
Bedroom	
Kitchen	
Other Activities	

Care coordination or health care professional's recommendations.

Based on the home assessment and input from the client, what modifications, repairs or installations of assistive devices do you recommend and why?

What additional information is needed to be able to incorporate modification activities into a care plan?

Health Care and Supportive Services

List any other health care or supportive services that will be provided, including mobility training, ordering mobility devices and/or durable medical equipment,, and helping to get modifications implemented.

Appendix 314-B

Environmental Modifications Assessment Form

Environmental Assessment Form

Name _____

Date _____

Address _____

Assessed by _____

Agency _____

Living Room

Client uses Living Room ☐ yes ☐ no

Accessibility

Client moves in/out & through room without tripping/ bumping into anything (T)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: remove doorsill <input type="checkbox"/> door frame <input type="checkbox"/> door <input type="checkbox"/> or clutter <input type="checkbox"/> install offset hinges <input type="checkbox"/> rearrange furniture <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	

Flooring

There are no wires/cords across walking path or under carpet.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: re-arrange furniture <input type="checkbox"/> install new outlets <input type="checkbox"/> relocate wires/cords <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	
Area Rugs in walking path are taped to floor with double sided tape.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: tape rugs to floor <input type="checkbox"/> remove rugs <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	
Flooring is free from rips and holes.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: remove/repair flooring <input type="checkbox"/> remove/repair/replace carpet <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	

Furniture

Furniture is stable/provides support if client holds or leans on while walking. (T)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
If Yes Suggestions: provide cane/walker <input type="checkbox"/> replace or repair furniture <input type="checkbox"/> remove casters <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	
There are low tables or ottomans in walking path of person with low vision.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: low lying furniture rearranged/ removed/replaced <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	
Table tops and floor are free of excessive clutter.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: additional furnishings needed for storage <input type="checkbox"/> baskets needed <input type="checkbox"/> cluttered items reorganized <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	

Lighting (ask permission to turn on all lights)

Lighting is adequate. (make recommendations if there are large areas without lighting.) Suggestions: add higher wattage light bulbs <input type="checkbox"/> repair lamps <input type="checkbox"/> add lamps <input type="checkbox"/> relocate lamps <input type="checkbox"/> other <input type="checkbox"/> Corrected by _____ Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/> other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Client has lamp(s) in/near main seating area. Suggestions: relocate fixtures <input type="checkbox"/> add lamps <input type="checkbox"/> other <input type="checkbox"/> Corrected by: _____ Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/> other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Client can easily turn lights on and off. Suggestions: repair/replace switches, outlets <input type="checkbox"/> provide table top pad switch or touch turn-on adaptor <input type="checkbox"/> other <input type="checkbox"/> Corrected by: _____ Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/> other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Seating

Seating has firm seats that don't sag, arm rests on both sides (for chairs) and not too low or deep. Suggestions: new chair(s) <input type="checkbox"/> extender legs <input type="checkbox"/> seat or back cushion(s) restuffed <input type="checkbox"/> or replaced <input type="checkbox"/> other <input type="checkbox"/> Corrected by: _____ Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/> other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
If wheelchair is used, there is a pressure relief seat cushion) (T) (not standard seat cushion.) Suggestions: Contact doctor for cushion <input type="checkbox"/> other <input type="checkbox"/> Corrected by: _____ Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/> other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Windows and Shades

Client easily opens/closes at least one window & all blinds or shades. Suggestions: Reduce tension in window frame rods <input type="checkbox"/> remove paint on window casing <input type="checkbox"/> rearrange furniture <input type="checkbox"/> Repair blinds or shades <input type="checkbox"/> new blinds/shades <input type="checkbox"/> other <input type="checkbox"/> Corrected by: _____ Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/> other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
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Bedroom

Client uses Bed Room ☐ Yes ☐ No

Accessibility

Client moves in/out & through room without tripping/ bumping into anything (T) Suggestions: remove doorsill <input type="checkbox"/> , door frame <input type="checkbox"/> , door <input type="checkbox"/> , or clutter <input type="checkbox"/> install offset hinges <input type="checkbox"/> , rearrange furniture <input type="checkbox"/> , other <input type="checkbox"/> Corrected by: _____ Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/> other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
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Bedroom, continued

Bed

Sitting on edge of bed, client's thighs are parallel with floor, with feet firmly on floor.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: lower bed: remove casters <input type="checkbox"/> cut wooden frame <input type="checkbox"/> order new 3" frame <input type="checkbox"/>	
Raise bed: new 7" frame <input type="checkbox"/> leg extenders <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	
Client has a hand rail to help get in and out of bed, if needed (T)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: New handrail <input type="checkbox"/> Other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	
Bed coverings touch floor	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: Hem bed covers <input type="checkbox"/> New covers <input type="checkbox"/> Other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	
Hospital bed only: There is minimal spacing between mattress and side rails.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: contact home care agency <input type="checkbox"/> replace bed, mattress, rails <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	
Mattress is supportive; does not sag when sat upon (ask permission to sit on bed to test)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: Replace mattress <input type="checkbox"/> Other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	
Bedside commode available if nighttime trips to bathroom are difficult. (T)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: Contact doctor to _ commode <input type="checkbox"/> Other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	

Communication

Telephone next to bed usable by client.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: large print dial overlay <input type="checkbox"/> new phone/large key pad <input type="checkbox"/> phone for hearing impaired or flashing light adaptor <input type="checkbox"/>	
voice activated service <input type="checkbox"/> furniture rearranged <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	

Bedroom – Communications, continued

Doorbell can be heard by client in bedroom. Yes ☐ No ☐ NA ☐

Suggestions: plug-in remote door bell ☐ doorbell with flashing light ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Flooring

There are no wires/cords across walking path or under carpet. Yes ☐ No ☐ NA ☐

Suggestions: re-arrange furniture ☐ install new outlets ☐ relocate wires/cords ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Area Rugs in walking path are taped to floor with double sided tape. Yes ☐ No ☐ NA ☐

Suggestions: tape rugs to floor ☐ remove rugs ☐ non-skid pad ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Flooring is free from rips and holes. Yes ☐ No ☐ NA ☐

Suggestions: remove/repair flooring ☐ remove/repair/replace carpet ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Furniture and Storage

Furniture is stable for support if client holds or leans on while walking (T) Yes ☐ No ☐ NA ☐

Suggestions: Cane/walker ☐ furniture replaced/repared ☐ casters removed ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Doorknobs/furniture knobs easy to use Yes ☐ No ☐ NA ☐

Suggestions: Install lever type door handles ☐ textured hand grips over door knobs ☐ lever adaptor ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Clutter on floors or table tops Yes ☐ No ☐ NA ☐

Suggestions: clutter organized/removed ☐ new dresser/night table ☐ drawers repaired ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Clothing in closets accessible without client standing on tiptoes or chair Yes ☐ No ☐ NA ☐

Suggestions: closet rod lowered ☐ clothing rearranged ☐ new door ☐ or door removed ☐

hanging shoe bag ☐ stepstool with handle ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Bedroom, continued

Lighting (ask permission to turn on all lights)

Pathway to bathroom lighted at night (by nightlight, flashlight, or a light left on.)

Yes ☐ No ☐ NA ☐

Suggestions: install automatic nightlights ☐ battery sensor light ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Light switch at door entrance or light left on

Yes ☐ No ☐ NA ☐

Suggestions: wireless switch ☐ switch repaired ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Bedside lamp(s) usable by client

Yes ☐ No ☐ NA ☐

Suggestions: new light bulbs ☐ lamp(s) repaired ☐ new lamp(s) ☐ lamp(s) moved ☐ table top pad switch ☐
touch turn on switch ☐ switch repaired/installed ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Lighting is adequate (make recommendations
if there are large areas which remain dark with lights on)

Yes ☐ No ☐ NA ☐

Suggestions: new bulbs ☐ lamp(s) repaired ☐ new lamp(s) ☐ lamp(s) relocated ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Seating

Chair is easy to get into/out of, firm seat, arm rests on both sides (for chairs) (T)
and not too low or deep.

Yes ☐ No ☐ NA ☐

Suggestions: new chair(s) ☐ extender legs ☐ seat or back cushion(s) restuffed ☐ or replaced ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

If wheelchair is used, there is a pressure relief seat cushion) (T)
(not standard seat cushion.)

Yes ☐ No ☐ NA ☐

Suggestions: Contact doctor for cushion ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Windows and Shades

Client easily opens/closes at least one window & all blinds or shades.

Yes ☐ No ☐ NA ☐

Suggestions: Reduce tension in window frame rods ☐ remove paint on window casing ☐ rearrange furniture ☐

Repair blinds or shades ☐ new blinds/shades ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Hallways (ask permission to turn on lights)

Hallway lighting is adequate (make recommendations if there are large areas which remain dark with lights on)

Yes ☐ No ☐ NA ☐

Suggestions: new bulbs ☐ new fixtures ☐ automated sensor switches ☐ lighted switch ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Hallways (exterior and interior) are free from clutter; flooring is free of rips and holes

Yes ☐ No ☐ NA ☐

Suggestions: remove clutter ☐ flooring to be removed ☐, replaced ☐, or repaired ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Area Rugs in walking path are taped to floor with double sided tape.

Yes ☐ No ☐ NA ☐

Suggestions: tape rugs to floor ☐ remove rugs ☐ non-skid pad ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Bathrooms

Accessibility

Client can get in/out of room without tripping/ bumping into anything (T)

Yes ☐ No ☐ NA ☐

Suggestions: remove doorsill ☐, door frame ☐, door ☐, or clutter ☐ install offset hinges ☐, rearrange furniture ☐,
purchase/install curtain for door ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Sink is accessible

Yes ☐ No ☐ NA ☐

Suggestions: remove vanity ☐ raise or lower sink ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Bathroom, continued

Toileting

Observation: raised toilet seat <input type="checkbox"/> with attached grab bars <input type="checkbox"/> toilet safety frame <input type="checkbox"/> grab bar on wall <input type="checkbox"/>			
other <input type="checkbox"/>			
Client can easily get on and off toilet (T)			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: raised seat <input type="checkbox"/> with attached grab bars <input type="checkbox"/> toilet safety frame <input type="checkbox"/> grab bar on wall <input type="checkbox"/> other <input type="checkbox"/>			
Corrected by: Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>			
other <input type="checkbox"/>			
Toilet tissue roll is easy to use and less than one outstretched arm distance from toilet			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: New tissue holder <input type="checkbox"/> relocated holder <input type="checkbox"/> attachable bidet <input type="checkbox"/> other <input type="checkbox"/>			
Corrected by: Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>			
other <input type="checkbox"/>			

Bathing

Observation: wall grab bar on back wall <input type="checkbox"/> & side tub wall or portable grab bar on side of tub <input type="checkbox"/> tub seat <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Client lowers into bathtub or shower			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: Check stability of wall surface and order/install grab bar along back <input type="checkbox"/> & inner tub wall <input type="checkbox"/> portable grab bar <input type="checkbox"/>			
contrasting color <input type="checkbox"/> tub bench/hand held shower hose <input type="checkbox"/> shower curtain <input type="checkbox"/> bath lift <input type="checkbox"/> soap mitt <input type="checkbox"/> other <input type="checkbox"/>			
Corrected by: Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>			
other <input type="checkbox"/>			
Client can easily reach/use faucets and controls			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: lever adaptors <input type="checkbox"/> hand held shower hose <input type="checkbox"/> hose bracket at lower height <input type="checkbox"/> other <input type="checkbox"/>			
Corrected by: Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>			
other <input type="checkbox"/>			
For frail elders at risk, anti-scald valves installed in shower head &/or bathtub faucet			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: Install valve in showerhead <input type="checkbox"/> bathtub faucet <input type="checkbox"/> other <input type="checkbox"/>			
Corrected by: Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>			
other <input type="checkbox"/>			
Non-skid safety treads or mat on bottom of tub			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: Install treads/ mat <input type="checkbox"/> other <input type="checkbox"/>			
Corrected by: Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>			
other <input type="checkbox"/>			

Bathroom, continued

Flooring

Bathroom flooring is non-skid (not slippery), with matte finish, with no holes or rips Yes ☐ No ☐ NA ☐

Suggestions: no wax or non-skid wax used ☐ flooring repaired ☐ flooring replaced ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Bathroom mat is non-skid with intact backing & is stored off the floor when not in use Yes ☐ No ☐ NA ☐

Suggestions: new floor mat ☐ hang up floor mat ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Floor surface is free from clutter Yes ☐ No ☐ NA ☐

Suggestions: remove clutter ☐ add storage containers ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Sink Area

Faucets are easy to use Yes ☐ No ☐ NA ☐

Suggestions: faucet adapters ☐ non-flood faucets (for memory impaired) ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Client can reach medicine cabinet and contents Yes ☐ No ☐ NA ☐

Suggestions: supplies rearranged ☐ shelf/shelves installed ☐ medicine cabinet lowered ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Lighting (ask permission to turn on all lights)

Lighting is adequate (make recommendations if there are areas which remain dark when lights are on) Yes ☐ No ☐ NA ☐

Suggestions: new light bulbs ☐ fixtures repaired ☐ new light switch ☐ or outlet repaired ☐ new fixture(s) ☐

switch extender ☐ other ☐

Corrected by: Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐

other ☐

Bathroom Lighting continued

Nightlight is used

Yes ☐ No ☐ NA ☐

Suggestions: automatic nightlights ☐ battery sensor light ☐ lighted switchplate ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Other

There are no uncovered radiators, or exposed plumbing pipes

Yes ☐ No ☐ NA ☐

Suggestion: cover radiator or pipes ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Kitchen

Accessibility

Client moves in/out & through room without tripping/ bumping into anything (T)

Yes ☐ No ☐ NA ☐

Suggestions: remove doorsill ☐, door frame ☐, door ☐, or clutter ☐ install offset hinges ☐, rearrange furniture ☐, other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Client has access to sink & food preparation areas

Suggestions: remove bottom cabinet ☐ remove undersink cabinet ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Flooring

Kitchen flooring is non-skid (not slippery), with matte finish, with no holes or rips

Yes ☐ No ☐ NA ☐

Suggestions: no wax or non-skid wax used ☐ flooring repaired ☐ flooring replaced ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Storage

Client can easily access needed food and supplies

Yes ☐ No ☐ NA ☐

Suggestions: organize supplies ☐ reacher ☐ lazy susans ☐ "C" handles ☐ loop handle on refrigerator ☐
tape on refrigerator door gasket ☐ other ☐

Corrected by: _____ Not corrected due to: client refusal ☐ funding ☐ inadequate solution ☐
other ☐

Kitchen, continued

Cooking and Serving

Faucets are easy to use	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: faucet adapters <input type="checkbox"/> non-flood faucets (for memory impaired) <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	

Client can easily use appliances, pots/pans	(T)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: appliance repairs <input type="checkbox"/> add microwave <input type="checkbox"/> new toaster oven <input type="checkbox"/> large print dials <input type="checkbox"/>		
tactile dots <input type="checkbox"/> pans w/ handles on both sides <input type="checkbox"/> pans with flat bottoms <input type="checkbox"/> flame retardant pot holders <input type="checkbox"/> other <input type="checkbox"/>		
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>	
other <input type="checkbox"/>		

Client can easily use utensils and plate	(T)	Yes <input type="checkbox"/> No <input type="checkbox"/>
NA <input type="checkbox"/>		
Suggestions: large handled utensils <input type="checkbox"/> rocking knife <input type="checkbox"/> can opener <input type="checkbox"/> color contrast plate w/ scoop edge <input type="checkbox"/>		
other <input type="checkbox"/>		
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>	
other <input type="checkbox"/>		

Client can easily transfer food from kitchen to table	(T)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: wheeled cart <input type="checkbox"/> attachable tray for walker or wheelchair <input type="checkbox"/> other <input type="checkbox"/>		
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>	
other <input type="checkbox"/>		

Stove area is clear of grease, towels, and flammable materials.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: cleaning service needed <input type="checkbox"/> rearrange materials <input type="checkbox"/> new towel racks/hooks <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	

Client education: For fire safety, do not cook in clothing with long , loose sleeves.

Lighting (ask permission to turn on all lights)

Lighting is adequate (make recommendations if there are areas which remain dark when lights are on)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: new light bulbs <input type="checkbox"/> fixtures repaired <input type="checkbox"/> new light switch <input type="checkbox"/> switch or outlet repaired <input type="checkbox"/> new fixture(s) <input type="checkbox"/>	
battery-powered undercounter lighting <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to: client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
other <input type="checkbox"/>	

Other

Extension cord/outlet strip w/ circuit breaker used w/ multiple fixtures	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: new extension cord/outlet strip <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
Walls and ceilings are free of holes and peeling paint	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: repair <input type="checkbox"/> repaint <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
Smoke detector is in working order	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: replace battery <input type="checkbox"/> replace detector <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
Temperature is comfortable to client (not overly hot or cold to assessor)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: repair windows <input type="checkbox"/> repair or purchase AC <input type="checkbox"/> check/repair heating system <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
No noxious odors	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: cleaning/chore service <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
No vermin or insects	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: contact landlord/property management (for rentals) <input type="checkbox"/> pest control service <input type="checkbox"/> other <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
Client has deadbolt locks and can easily used them	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: repair <input type="checkbox"/> or replace lock(s) <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
Door peepholes are usable to client	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: install new peephole at appropriate height <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
Security bars on windows/doors	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: repair <input type="checkbox"/> or install bars <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
client has pets, food bowls/ litter pans etc are out of circulation path	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: relocate bowls/litter other <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
ent wears footwear that has closed backs and medium or thick, heavy treads	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: new shoes/slippers needed <input type="checkbox"/> elastic shoelaces <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
client uses cane, rubber tip is in good condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: replace rubber tip <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
client smokes, uses glass ashtray (4"-6") with cutouts for cigarettes	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: new ashtray <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	
Frail or at-risk clients have a personal emergency response system	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Suggestions: contact physician for _ refer for CCSP assessment or other service resources <input type="checkbox"/>	
Corrected by:	Not corrected due to : client refusal <input type="checkbox"/> funding <input type="checkbox"/> inadequate solution <input type="checkbox"/>
Other <input type="checkbox"/>	

Additional observational comments

Circle **Y** if the following answers are yes:

Client holds onto furniture while walking	Y
Client is unsteady upon arising from seating or bedding	Y
Client trips or has difficulty walking over threshold or through doorway	Y

Other:

Follow up Referrals to Health Care Professionals (T)

A "No" response to any of the trigger questions (T) may be indicative of functional or physical deterioration and may require additional intervention. Depending on the situation, you may need to contact a health professional, which could include a primary care physician, nurse or physical or occupational therapist, to request an assessment of functional levels and/or obtain assistive equipment from a physical or occupational therapist.

Low Vision Adaptations

Use large print, at least 14 points in a simple type face. Examples: **Arial 14 point,**
Times New Roman 14 point, Comic Sans MS 14 point

Lighting (preferred lighting levels will vary depending on client's type of low vision)

- Shielded light bulbs
- Dimmer switches
- 3-way bulbs
- Compact fluorescent or full spectrum
- Window treatments to reduce or block glare or natural light
- Task lighting

Color

- Use strong contrasting colors (for example, a royal blue grab bar against a white wall) to distinguish foreground from background
- Use bright colors to help identify household objects

Texture or tactile markers

- Place a rubber band around a milk carton to distinguish it from a juice carton
- Use raised tactile dots to help locate on/off controls

Follow-Up List

Use the following table to note items from the checklist for which follow-up is appropriate

Bathroom	Kitchen
Bedroom	Living Room
Hallway(s)	Other

Source: The Environmental Assessment Form was adapted from the "Gerontologic Environmental Modifications Assessment Form, developed by the Weill Medical College of Cornell University.

Appendix 314-C
Home Safety Questionnaire

This Home Safety Questionnaire was adapted from the tool developed for the Practicing Physician Education Project supported by a grant from the John A. Hartford foundation through the American Geriatrics Society. The questionnaire is one of several "toolkits" ¹⁰ originally intended to help physicians better understand the common "Geriatric Syndromes," including the prevalence of falling. This questionnaire is designed to be completed by the older person, or can be used by assessment staff to collect information on common home hazards which contribute to falls in order to plan appropriate interventions. Note the large type for enhanced legibility.

Home Safety Questionnaire

Name _____ Date _____

When you are prone to falling, your home can either support you or become a reason for your falls. The following is a list of common things that make a difference in a falling problem.

Look around you and answer the questions truthfully about how well your home is helping you avoid falling. Then think about how you can change things to make it less likely that you will fall.

Please choose the best response to each of the questions below.

1. As I move from room to room in my house, I slip or stumble from clutter of electrical cords, low furniture, or other things in my path. (Trips)

Never	Rarely	Once a week	More than once a week
0	1	2	3

2. As I move from room to room in my house there are sturdy things I can grab to steady myself if I feel unsteady. (Handholds)

Everywhere	Most places	Sometimes	Few things to steady me
0	1	2	3

3. I have good light when I walk in my house, (include nighttime trips to the toilet). (Light)

Always	Almost always	Sometimes	Often dark
0	1	2	

4. While inside my home I walk in shoes, not barefoot or in slippers.
(Footwear)

Often	Usually	Sometimes	Mostly barefoot
0	1	2	3

5. I slip or have difficulty getting on and off the toilet. (Toilet)

Never	Rarely	Sometimes	Often
0	1	2	3

6. I slip or have difficulty getting in and out of the bath or shower. (Bath)

Never	Rarely	Sometimes	Often
0	1	2	3

7. I slip or have difficulty with steps or stairs in my house. (Stairs)

Never	Rarely	Sometimes	Often
0	1	2	3

8. I stand on my toes to get things out of reach in my kitchen or closets.
(Reach)

Never	Rarely	Sometimes	Often
0	1	2	3

9. In the places I walk outside, there are uneven surfaces, cracked sidewalks, slippery steps, or other problems that make me trip or stumble. (Outside)

Never	Rarely	Sometimes	Often
0	1	2	3

10. If I were to fall, hurt myself, and were unable to get up, I would be able to get help quickly. (Help)

Always	Usually	Sometimes	No – Usually Alone
0	1	2	3

Scoring

Instructions

- Circle the answer that best describes your response
- Add all scores for a total.
- The higher the score, the more concern regarding the safety issue.